**The Head of School may allow the issuing of non-prescription medicine on an individual case basis at their discretion only when it would be detrimental to a child’s health or school attendance not to do so. This form must be agreed & signed by the Head of School prior to any medication being given.**

**The school will not give your child medicine unless you complete and sign this form as written consent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Year group/class |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine |  | | | |
| Duration of treatment *(no longer than 1 week)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage, timing and method |  | | | |
| Special precautions/other instructions |  | | | |
| Please detail the requirement for the child to be given this medication within school hours |  | | | |
| **NB: Medicines can only be accepted in the original container**  **Contact Details** | | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the Aspire Academy Trust policy.

Parent / Carer

Signature Date

Head of School

Signature Date